2023 - 2024 NYCDS Plan Choices with Rates

	Current Plans				
Plan	Platinum PPO 5/15/100	Gold 50/50/1000/90	Gold 30/60/1250/100	Silver EPO 25/50/2250/80 HSA	Bronze \$5000/50 EPO HSA
Network	Freedom	Freedom	Liberty	Freedom	Freedom
Gatekeeper	Non-Gated	Non-Gated	Gated	Non-Gated	Non-Gated
Office visit Co-Pay					
РСР	\$5.00	\$50.00	\$30.00	\$25.00	-
Specialist	\$15.00	\$50.00	\$60.00	\$50.00	-
Various Other In Network services Co-pays	\$50-\$200	\$50-\$300	\$500 per day Hospital up	\$50-\$250	-
(e.g. Emergency Room, Out-pat surgery, Mental Health)			to \$2000		
In Network Deductible					
Individual	N/A	\$1,000.00	\$1,250.00	\$3,000.00	\$5,000.00
Family	N/A	\$2,000.00	\$2,500.00	\$6,000.00	\$10,000.00
Out of Network Deductible					
Individual	\$2,000.00	Not Covered	Not Covered	Not Covered	Not Covered
Family	\$4,000.00	Not Covered	Not Covered	Not Covered	Not Covered
In Network Co-insurance	0%	10%	0%	20%	30%
Out of Network Co-insurance	30%	Not Covered	Not Covered	Not Covered	Not Covered
In Network Maximum out of Pocket*					
Individual	\$3,500.00	\$6,450.00	\$6,650.00	\$7,150.00	\$7,050.00
Family	\$7,000.00	\$12,900.00	\$13,300.00	\$14,300.00	\$14,100.00
Out of Network Maximum out of Pocket*					
Individual	\$5,250.00	Not Covered	Not Covered	Not Covered	Not Covered
Family	\$10,500.00	Not Covered	Not Covered	Not Covered	Not Covered
Pharmacy					
Rx Deductible	\$100.00	\$150.00	\$200.00	N/A	N/A
Rx Co-pays	\$5/\$35/\$70	\$10/\$40/\$80	\$10/\$50/\$90	\$10/\$40/\$80	\$10/\$40/\$80
			Monthly Rate	s	
Single	\$1,599.26	\$1,292.74	\$1,182.68	\$1,068.08	\$990.64
Employee/Spouse	\$3,198.52	\$2,585.48	\$2,365.36	\$2,136.16	\$1,981.28
Parent/Child(ren)	\$2,718.75	\$2,197.66	\$2,010.56	\$1,815.73	\$1,684.08
Family	\$4,557.90	\$3,684.32	\$3,370.65	\$3,044.03	\$2,823.33

^{*}Out of pocket maximums include office visit co-pays/hospital co-pays/co-insurance and deductibles

The information above is intended to be used for reference purposes only. Refer to your plan documents for full policy details.